

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VB		02-17-01
O.I.P.E. CLASSIFIER	L9	32	3/9
FORMALITY REVIEW	EN	706	6-15-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/26/01
2	✓	✓	2/27/01
3	✓	✓	2/27/01
4	✓	X	
5	✓	✓	✓
6	✓	✓	✓
7	0	J	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	X	✓
19	✓	✓	✓
20	✓	X	
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22		✓	
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If more than 150 claims or 10 actions  
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Best Available Copy

Claim	Final	Original	Date
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